

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(201) 502-2723

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		2					54				
5		3					55				
6		0					56				
7		0					57				
8		0					58				
9		0					59				
10		0					60				
11		0					61				
12		0					62				
13	/						63				
14			/				64				
15				/			65				
16				/			66				
17				/			67				
18				/			68				
19				/			69				
20				/			70				
21				/			71				
22				/			72				
23				/			73				
24				/			74				
25				/			75				
26				/			76				
27				/			77				
28				/			78				
29				/			79				
30				/			80				
31				/			81				
32				/			82				
33				/			83				
34				/			84				
35				/			85				
36				/			86				
37				/			87				
38				/			88				
39				/			89				
40				/			90				
41				/			91				
42				/			92				
43				/			93				
44				/			94				
45				/			95				
46				/			96				
47				/			97				
48				/			98				
49				/			99				
50				/			100				
TOTAL IND.	2		1				TOTAL IND.				
TOTAL DEP.	14		14				TOTAL DEP.				
TOTAL CLAIMS	16		15				TOTAL CLAIMS				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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